

Policy on Second Opinion for Pediatric Oral Health Care

Originating Council

Council on Clinical Affairs

Adopted

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Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that second opinions are one avenue for additional information regarding health care issues. Parents frequently seek additional information and/or other opinions in order to address their child's health care needs and make informed decisions. This policy is intended to provide guidance to the pediatric dentist by addressing what should be obtained and documented when providing a second opinion, as well as an understanding of the ethical and legal obligations involved in the process.

Methods

This policy is based on a review of the current dental and medical literature related to the concept of second opinion in dentistry and medicine. An electronic search and a MEDLINE search was conducted using the search terms: "second opinion", "medical second opinion", and "dental second opinion". Documents relating to principles of ethics of dental and medical organizations also were reviewed.

Background

Patients today are more informed about their medical and dental problems and treatment options and are playing an active role in decision making with their doctors. Medical and dental knowledge and available treatment options are evolving at a rapid pace, and it is becoming increasingly difficult for health care providers to be fully aware of all the latest advances and information. As a result, patients and health care providers are seeking second opinions so that more informed decisions based on the risks and benefits can be made regarding the patient's health care.

For minor health problems, second opinions usually are unnecessary. However, a second opinion is recommended if the patient disagrees with or questions the diagnosis or the treatment plan of the health care provider, has multiple medical problems, or is diagnosed with a life-threatening disease such as cancer. Second opinions also are recommended when there is no improvement in the patient's condition, when there is a communication barrier between the patient and the provider and, additionally, when extensive oral care needs or high cost may make treatment prohibitive. For health care practitioners, a second opinion or referral may be warranted if they

are unsure of the diagnosis or the diagnosis/treatment is beyond the scope of their expertise. Furthermore, a second opinion may be necessary when required by a third party payor.

There is a debate among health care providers about whether to provide a patient with a "blind" second opinion (ie, when medical/dental records, test results and first provider's opinion are not made available to the second provider) or if the patient's diagnostic information and diagnosis should be shared with the provider giving the second opinion. The advantage of the "blind" second opinion is that it cannot be influenced by previous information. The provider will develop his/her own unbiased opinion. The disadvantage is that the provider performing the second opinion may have to repeat diagnostic tests and the patient will incur additional costs. The second provider may not be able to explain to the patient why his/her opinion is different without knowing the patient's previous history and the basis of the first provider's opinion. A third option would be to provide test results, radiographs, and other information without the first doctor's written diagnosis and treatment recommendations. This would allow for an unbiased opinion without having the patient incur unnecessary charges or radiation exposure from repeated radiographs.

When presented with requests for second opinions, practitioners should consider the legal implications of such requests. Health care providers rendering second opinions could be unwarily involved in litigation, either on behalf of the patient or in defending themselves against other practitioners, as a result of the consult. The fact that one is the second or third professional consulted does not mean that the provider is exempt from liability.¹ A dissatisfied patient could file a lawsuit naming not only the treating doctor, but also the doctor rendering the second opinion as defendants. In addition, a colleague who believes his or her professional reputation has been damaged by statements made to a patient during a consultation could file a lawsuit for defamation of character. Patients should be advised of their health status without disparaging comments about their prior treatment or previous provider.

Policy statement

The AAPD recognizes that:

1. A patient has a right to a second opinion. A provider who is trained and experienced in diagnosing and treating the condition should provide the second

opinion. Internet sites or a telephone conversation cannot be relied upon and should not constitute a second opinion.²

2. A health care practitioner has the right to request a second opinion from one or multiple practitioners/specialists as deemed necessary to facilitate the optimal clinical outcome.³
3. Educating the patient regarding the diagnosis and available treatment options, including their risks and benefits, should be the goal of a second opinion consultation. Health care providers may disagree on the best treatment for an individual patient. Any opinion should be rendered only on careful consideration of all the facts and with due attention given to current and previous states of the patient. Instances of gross or continual faulty diagnosis or treatment by other providers may require that the provider be reported to an appropriate reviewing agency as determined by the local component or constituent dental society.³
4. A provider has the ethical obligation on request of either the patient or the patient's new provider to furnish records, including radiographs or copies of them. These may be beneficial for the future treatment of that patient.³ Health Insurance Portability and Accountability Act (HIPAA) privacy rules⁴ and state laws apply to all exchanges of health care information.
5. Second opinions may be mandatory by third party payors. The provider should be independent and the opinion should be based on best outcomes for the patient and not financial incentives.

6. Most second opinions are voluntary. It is the responsibility of the patient to check with his/her insurance carrier for specific policies and benefits regarding coverage of second opinions.
7. When presented with requests for second opinions, practitioners should consider the legal implications of such request. Patients should be fully advised of their health status without disparaging comments about their prior treatment or previous provider.

References

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